POSITION	INITIALS	ID NO.	DATE
			09/06/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	9/11/00
FORMALITY REVIEW	Achile	JC826	10/05/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date									
Final	Original	2/4/03	10/31/03								
	1	✔	=								
	2	✔	✔								
	3	✔	✔								
	4	✔	▪								
	5	✔	=								
	6	✔	=								
	7	✔	✔								
	8	✔	✔								
	9	✔	✔								
	10	✔	✔								
	11											
	12											
	13											
	14											
	15											
	16											
	17											
	18											
	19											
	20											
	21											
	22											
	23											
	24											
	25											
	26											
	27											
	28											
	29											
	30											
	31											
	32											
	33											
	34											
	35											
	36											
	37											
	38											
	39											
	40											
	41											
	42											
	43											
	44											
	45											
	46											
	47											
	48											
	49											
	50											

Claim		Date									
Final	Original										
	51											
	52											
	53											
	54											
	55											
	56											
	57											
	58											
	59											
	60											
	61											
	62											
	63											
	64											
	65											
	66											
	67											
	68											
	69											
	70											
	71											
	72											
	73											
	74											
	75											
	76											
	77											
	78											
	79											
	80											
	81											
	82											
	83											
	84											
	85											
	86											
	87											
	88											
	89											
	90											
	91											
	92											
	93											
	94											
	95											
	96											
	97											
	98											
	99											
	100											

Claim		Date									
Final	Original										
	101											
	102											
	103											
	104											
	105											
	106											
	107											
	108											
	109											
	110											
	111											
	112											
	113											
	114											
	115											
	116											
	117											
	118											
	119											
	120											
	121											
	122											
	123											
	124											
	125											
	126											
	127											
	128											
	129											
	130											
	131											
	132											
	133											
	134											
	135											
	136											
	137											
	138											
	139											
	140											
	141											
	142											
	143											
	144											
	145											
	146											
	147											
	148											
	149											
	150											

If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)

Best Available Copy